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CENTRAL FAX CENTER****APR 20 2006****FAX TRANSMISSION****DATE:** April 20, 2006**PTO IDENTIFIER:** Application Number 10/564,367-Conf. #9208
Patent Number**Inventor:** Hiroyuki OSADA et al.**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (571) 273-8300**FROM:** BIRCH, STEWART, KOLASCH & BIRCH, LLP
Mark J. Nuell, Ph.D.**PHONE:** (703) 205-8043**Attorney Dkt. #:** 1261-0162PUS1**PAGES (Including Cover Sheet):** 9**CONTENTS:** Transmittal (1 page)
Supplemental Application Data Sheet (6 pages)
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Application No. (if known): 10/564,367

Attorney Docket No.: 1261-0162PUS1

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Transmittal (1 page)
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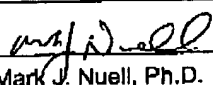
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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/564,367-Conf. #9208
		Filing Date	January 12, 2006
		First Named Inventor	Hiroyuki OSADA
		Art Unit	N/A
		Examiner Name	Not Yet Assigned
Total Number of Pages in This Submission	7	Attorney Docket Number	1261-0162PUS1

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Supplemental Application Data Sheet
Remarks		

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Date	April 20, 2006	Reg. No.	36,623

Supplemental Application Data Sheet**Application Information**

Application number::	<u>10/564,367</u>
Filing Date::	<u>01/12/06</u>
Application Type::	Regular
Subject Matter::	Utility
Suggested Group Art Unit::	N/A
CD-ROM or CD-R?::	None
Sequence submission?::	None
Computer Readable Form (CRF)?::	No
Title::	THERAPEUTIC AGENT FOR HYPERCALCEMIA AND BONE DISEASE
Attorney Docket Number::	1261-0162PUS1
Request for Early Publication?::	No
Request for Non-Publication?::	No
Small Entity?::	No
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

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Domestic Priority Information

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This Application	National Stage of	PCT/JP2004/010125	07/15/04

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::
Japan	2003-197229	07/15/03	Yes

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